



New Jersey Department Representative Request Form



Request for assignment of a Department representative will be considered only after this form is completed, properly signed and returned Dept of NJ Headquarters.

Please mail/email the form to:

VFW Dept of NJ 171 Jersey St Bldg. 5 Flr. 2 Trenton, NJ 08611

or email to office@njvfw.com

Must be submitted 30 days PRIOR to affair

1. The name and title of the person making this request.

2. What is the event?

3. Who do you want as the Department representative for this event?

4. Where is the event being held?

5. What date and by what time should the representative schedule his/her arrival?

6. What is the representative expected to do during this event (FUNCTION, DATE, & APPROX. TIME)?

7. What type of attire will be required? Please be specific.

Casual _____ Business _____ BL/GY _____ Formal: BK _____ WT _____

8. Who is assigned responsibility for coordinating this event with Dept HQ or Dept rep?

Name: _____

Title: _____

Phone: _____

Signature: _____

Date: _____